Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name CIRCLE K #4700081 (GRANTLINE RD) Address 2104 GRANT LINE ROAD, NEW ALBANY IN 47150 Owner MAC'S CONVENIENCE STORES LLC | | | | | | Telephone Number 812-849-7391 n 812-379-9227 Purpose X Routine | Date of Inspection 07/14/2020 Follow Up | ID# Released 07/24/2020 |
|---|---|--|-----------------|---|-----------|---|--|--------------------------|
| Owner's Address P.O. BOX 347 COLUMBUS, IN 47202-0347 Person in Charge PORTIA GRIMES Responsible Person's Email GHUGHES@CIRCLEK.COM Certified Food Handler | | | | | | Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Menu Type 1 X 2 _ 3 _ 4 _ 5 _ | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R" | | | | | | | | |
| Section # | ction # C NC R Narrative To Be Correcte | | | | | | | orrected |
| 218 297 347 | X X X | | Observed machin | soda machine to have ne around loby soda to not have hand dry | nozzles t | o be moldy. | 1 WEEK CORRE TODAY | CTED |
| Summary of Violat | | | 0 NC | 3 R 0 | 1, | | | |
| Received by (name and title printed): PORTIA GRIMES | | | | | | Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST | | |
| Received by (signature): | | | | | I | Inspected by (signature): | | |
| cc: | | | | ce: | 1 | | cc: | |